

137. COMPLETION THYROIDECTOMY, PART OF SURGICAL TREATMENT FOR THYROID CARCINOMA – EXPERIENCE OF 2ND DEPARTMENT OF SURGERY, EMERGENCY COUNTY HOSPITAL IN TIRGU MURES

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Introduction: Completion thyroidectomy is the surgery practiced in order to excise the residual thyroid tissue at patients who underwent isthmectomy or near-total thyroidectomy for a lesion considered initially benign. Completion thyroidectomy is indicated at short time post-operator after the final malignant histopathological examination result, or years away after first surgery because of benign or malignant relapses on residual thyroidian blunt. The objective of the study is to highlight the role of completion thyroidectomy in the surgical treatment of thyroid carcinoma.

Materials and methods: We conducted a retrospective study at the 2nd Department of Surgery, Emergency County Hospital in Tirgu Mures, during January 2011 and December 2015. During this period were performed 602 surgeries on thyroid gland, including 28 completion thyroidectomies. We analyzed data obtained according to: the surgery before completion thyroidectomy, histopathological diagnosis resulted from isthmectomy or near-total thyroidectomy, histopathological diagnosis resulted from completion thyroidectomy.

Discussion results: In the 28 cases for which completion thyroidectomy was practiced, final histopathology was: 21 cases of follicular variant of papillary thyroid carcinoma, 1 case of Wathin-like variant of papillary thyroid carcinoma, 3 cases of multifocal papillary thyroid cancer, 1 case of poorly differentiated carcinoma, 1 case of oncocytic variant of papillary thyroid cancer, 1 case of solid variant of papillary carcinoma with poorly differentiated carcinoma component. After completing the thyroidectomy, were revealed thyroid carcinoma lesions in 5 (17,85%) of the 28 thyroidectomies. Also, 9 of the 28 completion thyroidectomies were followed by lymphadenectomy, tumor metastases being present in one case.

Conclusion: Completion thyroidectomy is required as surgical treatment for patients with final malignant histopathology who underwent initially near-total thyroidectomy or isthmectomy.

Key Words: completion thyroidectomy thyroid cancer

138. STUDY REGARDING THE UTILISATION OF THE SF-LDQOL QUESTIONNAIRE IN THE CIRRHOTIC OPERATED PATIENTS QUALITY OF LIFE ASSESSMENT.

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Introduction: Cases of liver cirrhosis (LC) represent a major impact problem on the life prognostic, ground that imposes concerns on the quality of life (QoL) of the cirrhotic patient having a surgery. This study desires to create a complete image on the manner what LC and used treatment influences different compartments of QoL.

Material and methods: Using the retrospective study, we have analyzed over 53 patients diagnosed with LC and operated in Clinic 2, Surgery. There has been recorded information on the evolution of the LC, the volume of the surgery and its influence on QoL.

Discussion results: A quiz of the LC operated patients brought significant elements on QoL. Preoperative, the SF-LDQOL questionnaire results shows a significant decrease of the physical section and also the mental: 43 and 52. Postoperatively, the majority of LC scores show an important increase on all the smaller aspects that differ by the type of the surgery, the increase being although very low at the patients with complicated post-surgical evolution and also for the CHILD-C patients.

Conclusions: The obtained results show that the SF-LDQOL questionnaire short form, ensures the right interpretation, qualitative and quantitative of the cirrhotic patient's QoL and it also allows the orientation of the actions on therapeutical decisions.

Key words: Liver cirrhosis; Quality of life; Surgical treatment.

139. ANALYSIS OF METHODS OF TREATMENT IN THE VARICOSE DISEASE (SCLEROTHERAPY AND SURGERY)

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Introduction: The varicose disease represents 90-95% of chronic venous disease. Varicose veins affect up to 25 percent of women and 15 percent of men. Treatment of varicose veins is one of the most important directions of study due the high frequency, of clinical polymorphism and of subjective symptoms. Studying these theme is too important because currently there are a number of treatments but none of them do not resolve the problem, and recurrent varicose veins is an evidence of that. The purpose of the study is to compare sclerotherapy and surgery as treatment method of varicose veins and to establish the cases where it will give preference to one or the other.

Materials and methods: Is a retrospective study and is based on the analysis of the medical records of 589 patients. Patients had been divided into two groups depending on the treatment method applied. 470 of patients were treated through sclerotherapy method in CMF "Galaxia" and 119 surgical in SCM "Arhanghelul Mihail" in the period 2012-2014. Statistical data were obtained through statistical analysis of Microsoft Excel 2010 of Windows 8 operating system.

Discussion results: Varicose disease is predominant in women in both study groups (85,16% and 59,66%). The peak incidence of disease in patients is between 30 and 60 years. Patients treated with sclerotherapy more frequently had grade C2 (CEAP), patients treated surgical C2-C3 (CEAP).